

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement of \$445.65 for date of service 07/02/01.
- b. The request was received on 03/01/02

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/30/02
  - b. HCFA(s)
  - c. TWCC 62 form
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/26/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/30/02. The response from the insurance carrier was received in the Division on 05/01/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor:

Per the Table of Disputed Services, the Provider indicates: "The supplies, the monitoring room and the needles should not be included in another service. These should be paid as a separate service."

2. Respondent:

The Carrier has no position stated in the letter dated 04/30/02. The EOB submitted denies services as "F-The amount charged exceeds the maximum allowable fee for the Texas Workers' Compensation Medical Fee Guideline."

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/02/01.

2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/02/01	99070-ST	\$199.93	\$0.00	F	DOP	MFG SGR; (V)(B)	According to the referenced Rule, "Sterile trays (which include all supplies, gloves, utensils, needles, suture material, etc., needed to perform the procedure). These shall be billed using 99070-ST. Reimbursement is the lesser of the doctor's usual charge or fair and reasonable reimbursement." The Provider billed in accordance with the referenced Rule and the medical documentation indicates that the services were performed. Therefore, reimbursement is recommended in the amount of <b>\$199.93</b> .
07/02/01	99499-RR	\$119.00	\$0.00	F	DOP	MFG SGR; (V)(B)	According to the Medical documentation submitted, the claimant was in the Recovery Room for a total of 45 minutes. The referenced Rule states: "Postoperative monitoring is reimbursed hourly. This service is billed using code 99799-RR, and includes the facility, staffing and monitoring equipment." According to the medical documentation, the services were rendered in accordance with the referenced Rule and therefore, reimbursement is recommended in the amount of <b>\$119.00</b> .
07/02/01	A4215	\$126.72	\$0.00	F	DOP	MFG SGR; (V)(B)	The needles billed are a component of the sterile tray according to the referenced Rule. Therefore, reimbursement is <b>not</b> recommended.
<b>Totals</b>		\$445.65	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$318.93</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$318.93 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 24th day of June, 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.